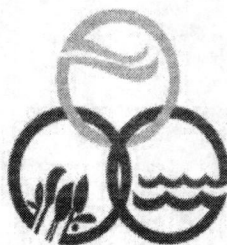


AI #35407



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

DALE GIBBS, JR. Tommy

AUG 21 2017

MDEQ

WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT RE-COVERAGE FORM

FOR COVERAGE UNDER MISSISSIPPI'S REISSUED
WET DECK LOG SPRAY WITH RECIRCULATION GENERAL PERMIT MSG17
GENERAL NPDES COVERAGE NO. MSG17 0 0 8 4

INSTRUCTIONS

The submittal of this form is required to receive coverage under the reissued Wet Deck Log Spray with Recirculation General Permit. This form must be completed and returned to the address printed at the bottom of page 3 within 45 days of the date of the Letter of Instruction for Re-Coverage. For expanding facilities, please also complete Recoverage Form Addendum.

The signatory of this form must be the owner or operator who is the current coverage recipient (rather than the plant/site manager or environmental consultant). The coverage recipient is responsible for permit compliance.

If the company seeking permit coverage is a corporation, a limited liability company, a partnership, or a business trust, then attach proof of its registration with the Mississippi Secretary of State and/or its Certificate of Good Standing. This registration or Certificate of Good Standing must be dated within twelve (12) months of the date of this submittal. Coverage will be issued to the company name as it is registered with the Mississippi Secretary of State.

If the facility is out of business or no longer a regulated facility, please request termination of coverage by completing the Request for Termination (RFT) Form found in the Wet Deck Log Spray with Recirculation General Permit. Facilities that continue to discharge wastewater without applicable permit coverage are in violation of state law.

Do not submit this form if submitting a "Request for Termination" (RFT).

ALL INFORMATION MUST BE COMPLETED (Enter "NA" if not applicable).

The Certificate of Coverage should be mailed to: ☒ owner/operator ☐ facility (please check one)

Are there any ongoing or proposed construction activities which involve the Wet Deck Log Spray Recirculation System (Please specify): No

COVERAGE RECIPIENT INFORMATION

CONTACT NAME & POSITION: Archie McMillan, Owner

COMPANY NAME: Baldwin Pole Mississippi, LLC

STREET OR P.O. BOX: P. O. Box 37

CITY: Wiggins STATE: MS ZIP: 39577

PHONE NUMBER (INCLUDE AREA CODE): 601-928-5475

FACILITY INFORMATION

FACILITY NAME: Baldwin Pole Mississippi, LLC

CONTACT NAME & POSITION: Archie McMillan, Owner

CONTACT PHONE NUMBER (INCLUDE AREA CODE): 601-928-5475

PRIMARY STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODE & DESCRIPTION OF INDUSTRIAL ACTIVITY:

2491 Wood Preserving

PHYSICAL SITE ADDRESS: STREET: 1633 South First Street

CITY: Wiggins COUNTY: Stone ZIP: 39577

PROVIDE THE COORDINATES OF THE PLANT ENTRANCE:

LATITUDE: 30 degrees 49 minutes 55 seconds LONGITUDE: 89 degrees 07 minutes 46seconds

WET DECK LOG SPRAY RECIRCULATION SYSTEM INFORMATION

HOW MANY OUTFALLS/RELEASE POINTS ARE ELIGIBLE FOR COVERAGE? 1

GEOGRAPHIC POSITION FOR OUTFALL(S) FROM WET DECK LOG SPRAY RECIRCULATION POND(S) (IF THE APPLICANT HAS MORE THAN ONE OUTFALL/ RELEASE POINT ELIGIBLE FOR COVERAGE, PLEASE USE THE SPACE TO THE RIGHT.):

LATITUDE: 30degrees49minutes38seconds

LONGITUDE: 89degrees07minutes45seconds

RECEIVING STREAM(S) (IF MORE THAN ONE OUTFALL IS COVERED, INDICATE THE RESPECTIVE RECEIVING STREAM FOR EACH OUTFALL.):

UNNAMED TRIBUTARY TO RED CREEK

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

I further certify that I understand when coverage is terminated the facility is no longer authorized to discharge storm water associated with industrial activity under this general permit. I understand that discharging pollutants in storm water associated with industrial activity to waters of the state without NPDES coverage is in violation of state law.

Signature¹

Archie M. Millan

Date

8/17/2017

Archie McMillan
Printed Name¹

Owner
Title

¹This form shall be signed by the current coverage recipient according to ACT6, T-30 of the General Permit.

After signing please mail to:

Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225



DELBERT HOSEMANN
Secretary of State

This is not an official certificate of good standing.

Name History

Name	Name Type
Baldwin Pole Mississippi, LLC	Legal

Business Information

Business Type:	Limited Liability Company
Business ID:	902008
Status:	Good Standing
Effective Date:	11/10/2006
State of Incorporation:	Mississippi
Principal Office Address:	

Registered Agent

Name
Cox, Michelle 1633 So. 1st Wiggins, MS 39577

Officers & Directors

Name	Title
Ta McMillian PO DRAWER 758 BAY MINNETTE, AL 36507	Member
Healy, John J. IIIs 210 E. Capitol St., 17th Floor, AmSouth PlazaP.O. Box 22567 Jackson, MS 39225-2567	Other
Ta McMillian PO DRAWER 758 BAY MINNETTE, AL 36507	President
Andrew McMillian PO DRAWER 758	Secretary

BAY MINETTE, AL 36507



Baldwin Pole Mississippi, LLC

"FROM THE FOREST TO THE LINE SINCE 1945"

P. O. Box 37
Wiggins, MS 39577
Telephone 601-928-5475
Fax 601-928-9853

RECEIVED
AUG 21 2017
Penta & C.C.A.
Pressure Treated
Poles & Piling
Dept. of Environmental Quality

August 10, 2017

CERTIFIED MAIL, RETURN RECEIPT REQUESTED - 7016 1970 0000 9390 7924

Ms. Krystal Rudolph, Chief
Environmental Permits Division
Office of Pollution Control
Mississippi Department of Environmental Quality
P. O. Box 2261
Jackson, MS 39225

Re: Wet Deck Log Spray General Permit, No. MSG170084
Re-coverage Form
Wiggins, Stone County, MS

Dear Ms. Rudolph:

Enclosed please find our Wet Deck Log Spray with Recirculation General Permit Re-coverage Form for our facility in Wiggins.

Please contact me if additional information is required.

Sincerely,



Pam Jackson

Enclosure

cc: H. M. Rollins Company, Inc.

File No. 160.010.015